

# Jan Swasthya Abhiyan India

## Peoples Rural Health Watch

Brief overview and  
Outlines of its processes



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# National Rural Health Mission

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*National Rural Health Mission was launched by government of India in April 2005 to improve access and availability of quality health services for the rural poor especially women and children.*

## Goals of NRHM:

- ❑ Reduction in IMR and MMR.
- ❑ Universal access to public health services such as women's health, child health, water, sanitation and hygiene, immunization and nutrition.
- ❑ Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- ❑ Access to integrated comprehensive primary health care.
- ❑ Population stabilization, gender and demographic balance.
- ❑ Revitalize local health traditions and mainstream AYUSH.
- ❑ Promotion of healthy life styles.

# Why was NRHM launched?

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- ❑ Electoral mandate of 2004: Expectations of 'Aam Aadmi' "Common Man" to be fulfilled to some extent
- ❑ Pressure from international donors for results on RCH-II, MDGs
- ❑ Recognition of problems within the Public health system; requirement of more funds
- ❑ Signals of emerging crisis from larger society – including JSA-NHRC public hearings

# NRHM – born in contradiction

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*NRHM – a programme for Public health strengthening and restructuring in the era of liberalisation-privatisation*

Public health strengthening – Privatisation oriented measures

National mission – international influences

Integration of health programmes –  
Influence of RCH and FP agenda

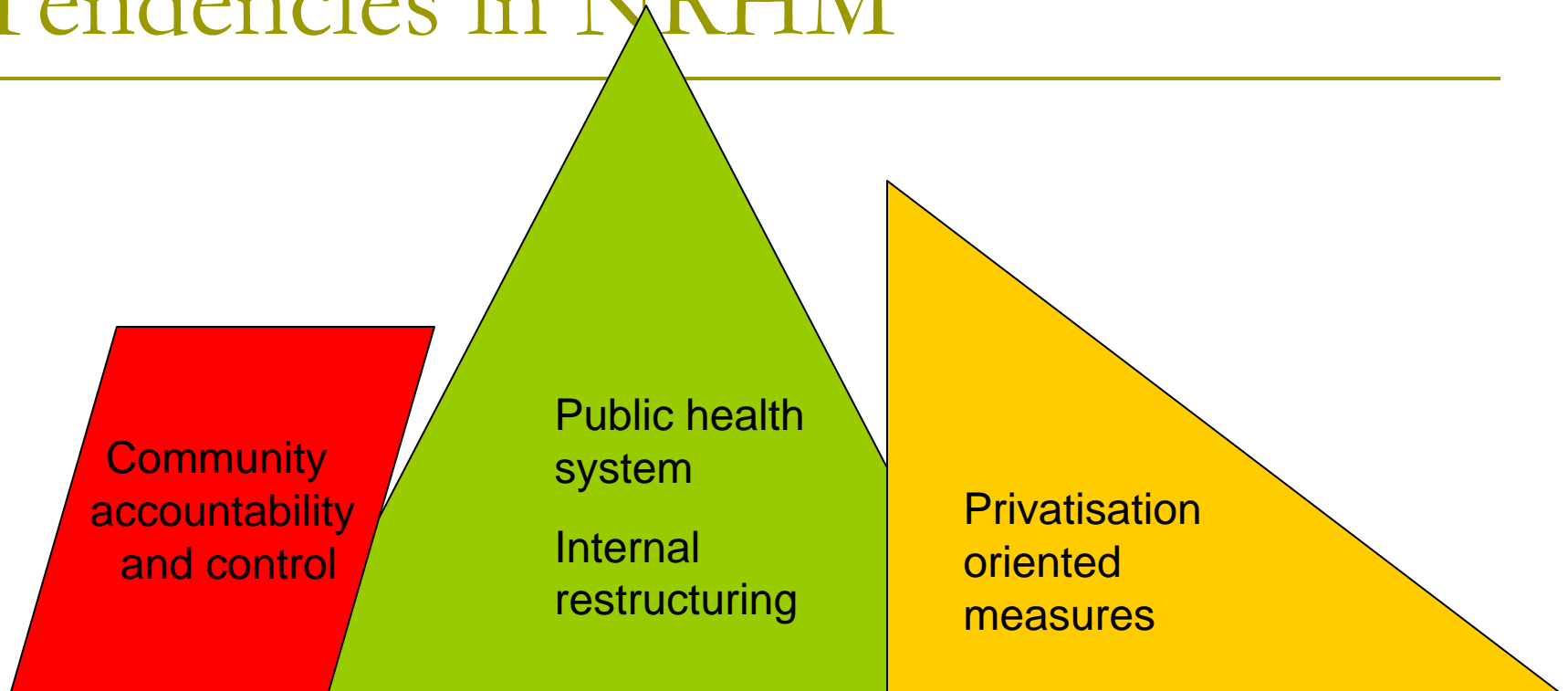
# Major components

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- ❑ ASHA
- ❑ IPHS, Strengthening Sub-Centres, PHCs and CHCs
- ❑ RKS
- ❑ Integration of Ayush
- ❑ District health planning, convergence of programmes
- ❑ Community health monitoring
- ❑ JSY
- ❑ Public private partnerships, new financing mechanisms
- ❑ Reforming Medical education

# Tendencies in NRHM

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# Categorising measures under NRHM

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| A. Mainly positive,<br>need deepening | B. Impact depends<br>on detailed design,<br>implementation | C. Mainly negative        |
|---------------------------------------|--|---------------------------|
| Increased public<br>health spending   | District health<br>planning                                | User fees-RKS<br>society  |
| IPHS                                  | Integration of<br>programmes<br>Untied funds               | Many types of PPP         |
| Health Service<br>guarantees          | ASHA   | Coercive FP<br>influences |

# PRH Watch role regarding various measures

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- **Mainly positive, need deepening:** Follow up and track, ask for expansion
- **Impact depends on detailed design, implementation:** Monitor, influence in detailed design and maybe implementation
- **Mainly negative:** Critique and analyse, challenge and oppose



# PRHW Processes

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- ❑ National workshop
- ❑ Formation of Peoples Rural Health Watch in eight states- Rajasthan, Uttarpradesh, Bihar, Orrisa, Madhyapradesh, Chattisgarh, Uttaranchal
- ❑ Publication of 'Action Alert on NRHM'
- ❑ Training of state organisers of PRHW
- ❑ State level workshops
- ❑ Protocol development for watch
- ❑ Trainings of Watch teams

# PRHW Processes

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- Data collection-
  - status of health of population
  - status of health care services
  - processes of NRHM e.g. Selection and trainings of ASHA, IPHS, JSY
  - Documentation of denial of health care and adverse outcomes
- Data analysis
- Preparation of report at state and national level

# Sharing of Reports

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- ❑ Report sharing during NHA II,
- ❑ Sharing of report with MOHFW, GOI, state governments
- ❑ Publicity of the findings through media
- ❑ The findings of PRHW is being used as an advocacy tool to mobilize communities to demand guaranteed health services within the framework of 'Right to Health Care'
- ❑ Feedback to the government health system is being given at all levels
- ❑ First phase has been completed and second round of data collection is going on

# Results

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- ❑ Development of second line leadership within JSA
- ❑ A platform for JSA state units to work together and strengthen networks
- ❑ Increased mobilisation and involvement of communities in watching and monitoring health services within Rights based framework
- ❑ Strengthening of 'Right to Health Care Campaign'
- ❑ Evidence base for 'JSA-NHRC' public hearings
- ❑ Lobbying against neo-liberal policy measures
- ❑ Changes in policies and provisions-conditionalities with JSY, training of AHSA
- ❑ New initiative 'Community monitoring of health services under NRHM' has started in 9 states

# Challenges

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- ❑ Community involvement and mass mobilization- Health is still not seen as a priority for issue by many people
- ❑ People are struggling with other problems- poverty, food and basic needs
- ❑ JSA constituent organizations are also sometimes busy with their own programs
- ❑ Lack of communication
- ❑ Different states are at various levels and need more support



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# Thank you.

Acknowledgement: Some slides of this presentations are taken with thanks from Dr. Abhay Shukla's presentation.